

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10 / 018009	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	I						
2		I					
3		I					
4		I					
5		I					
6		I					
7		I					
8		I					
9		I					
10		I					
11		I					
12		I					
13		I					
14		I					
15		I					
16		I					
17		I					
18		I					
19		I					
20		I					
21		I					
22	X	X					
23	X	X					
24		I					
25		I					
26		I					
27		I					
28		I					
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	24						
TOTAL CLAIMS	26						